EXHIBIT E

DIROS Trident RF Insulated Cannula (Model DTR) in view of U.S. Patent No. 10,966,782

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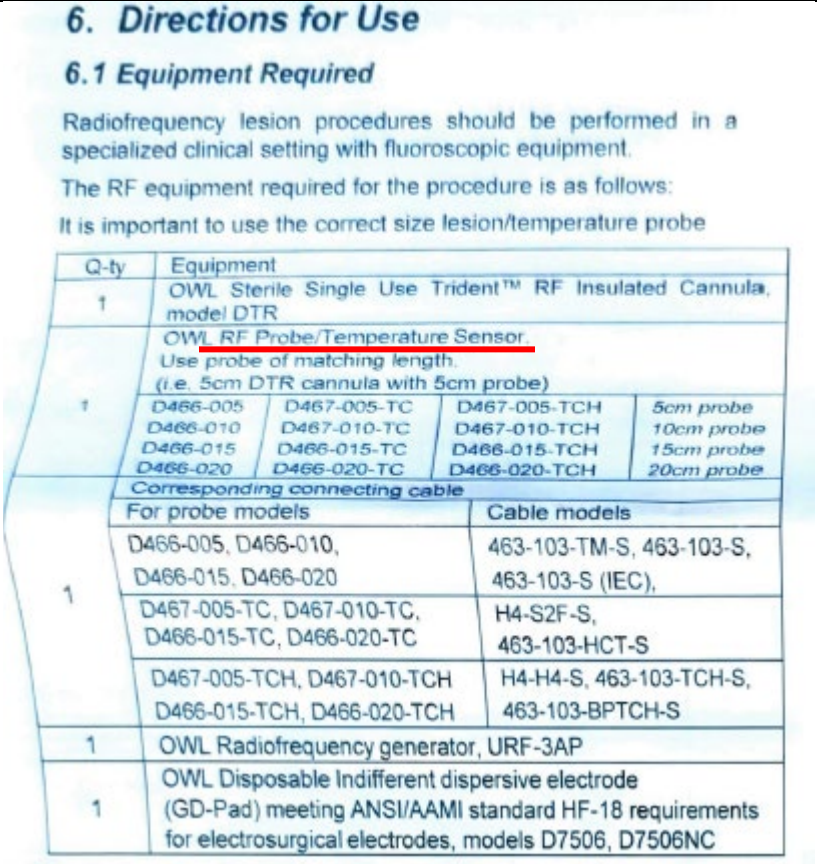
U.S. Patent No. 10,966,782	**Trident RF Insulated Cannula (Model DTR)**	
1. A system comprising:	To the extent the preamble is limiting, the Trident RF Insulated Cannula, Model DTR ("DTR") is pictured and is part of a system.	
a radiofrequency probe; and	As described in the Diros Instructions For Use ("IFU") of the DTR, which users are expected to follow when using the DTR, an "RF Probe/Temperature Sensor" is required equipment for use of the DTR. (**Exhibit I** (*Instructions For Use OWL Sterile Single Use Trident™ RF Insulated Cannula, Model DTR*, Diros Document 174 at p. 5 (2020)). Further, an "RF Probe/Temperature Sensor" is specifically listed in steps 3-5, 7, and 11 of the Procedure. (*Id.*). The radiofrequency "RF" probe [1] is shown inside the lumen.	

6. Directions for Use

6.1 Equipment Required

Radiofrequency lesion procedures should be performed in a specialized clinical setting with fluoroscopic equipment.

The RF equipment required for the procedure is as follows:

It is important to use the correct size lesion/temperature probe

Q-ty	Equipment			
1	OWL Sterile Single Use Trident™ RF Insulated Cannula, model DTR			
1	OWL RF Probe/Temperature Sensor. Use probe of matching length. (i.e. 5cm DTR cannula with 5cm probe)			
	D466-005	D467-005-TC	D467-005-TCH	5cm probe
	D466-010	D467-010-TC	D467-010-TCH	10cm probe
	D466-015	D466-015-TC	D466-015-TCH	15cm probe
	D466-020	D466-020-TC	D466-020-TCH	20cm probe
1	Corresponding connecting cable			
	For probe models		Cable models	
	D466-005, D466-010, D466-015, D466-020		463-103-TM-S, 463-103-S, 463-103-S (IEC),	
	D467-005-TC, D467-010-TC, D466-015-TC, D466-020-TC		H4-S2F-S, 463-103-HCT-S	
	D467-005-TCH, D467-010-TCH D466-015-TCH, D466-020-TCH		H4-H4-S, 463-103-TCH-S, 463-103-BPTCH-S	
1	OWL Radiofrequency generator, URF-3AP			
1	OWL Disposable Indifferent dispersive electrode (GD-Pad) meeting ANSI/AAMI standard HF-18 requirements for electrosurgical electrodes, models D7506, D7506NC			

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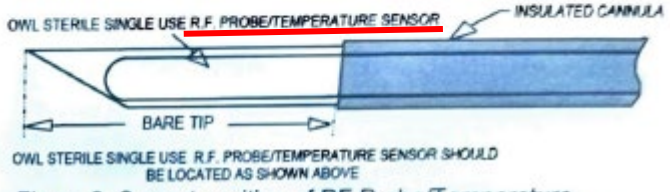
		6.3 Procedure 1. Assemble all required equipment for the intended procedure and position the patient as necessary. . . . 3. Inspect the part number of the RF Probe/Temperature Sensor to ensure that it is the correct length to match the length of the Trident™ RF Insulated Cannula. 4. Test the match by removing the stylet from the cannula and slowly inserting the RF Probe/Temperature Sensor into the cannula. Do not use excessive force to avoid damage to the RF Probe. The tip of the RF probe must lie within the bare tip of the RF cannula, see Figure 2. Otherwise the measured temperature will be incorrect. To further verify this, note the position of the handle of the RF Probe, Figure 1 (**9**) relative to the threaded top section of the Actuator, Figure 1 (**4c**). Then remove the RF Probe from the RF Cannula, place it parallel to and alongside the cannula and confirm that the tip of the RF Probe is no more than a mm short of the end of the RF Cannula bevel, but does not extend beyond it. Reinsert the Stylet into the RF Cannula. 5. Connect the plug of the intermediate cable to an input of the Multi-Lesion Adaptor or to the Probe receptacle on the RF Generator. Maintain access to the probe connection end of the intermediate cable *in order to facilitate easy attachment to* the RF Probe/Temperature Sensor *to it.*  Figure 2. Correct position of RF Probe/Temperature Sensor within the Trident™ RF Insulated Cannula. Tines are not shown. . . .

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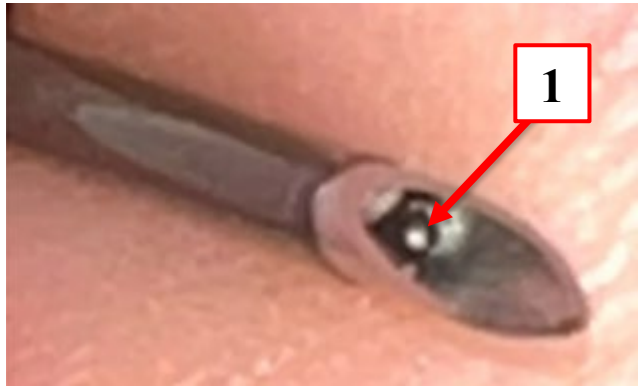
U.S. Patent No. 10,966,782	Trident RF Insulated Cannula (Model DTR)	
		7. Once the cannula is properly positioned carefully remove the stylet from the cannula and insert the full length of the RF Probe/Temperature Sensor down the shaft of the Sterile Single Use Trident™ RF Insulated Cannula. . . . 11. Lesion as necessary. Refer to the RF Generator User's Manual for more information. Upon completion, remove the RF Probe/Temperature Sensor and instill anesthetic and steroid if in accordance with your protocol. When connecting/disconnecting the RF Cannula to the syringe, ensure once again to grasp the cannula only by its hub. Upon completion of the procedure, remove the Trident™ RF Insulated Cannula (with RF Probe/Temperature Sensor still in it if no anesthetic applied).  ** The last image above showing the RF probe [1] combined with the needle depicts the related DTRH device. Upon information and belief, the needle of the DTRH device is substantively the same as the needle of DTR when it is combined with the required RF probe and thus the same features are present in the needle of the DTR.*

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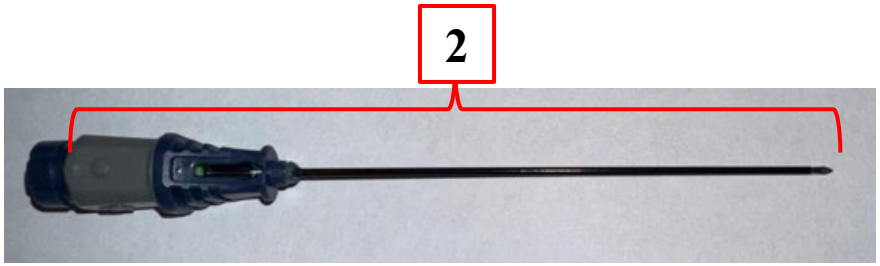
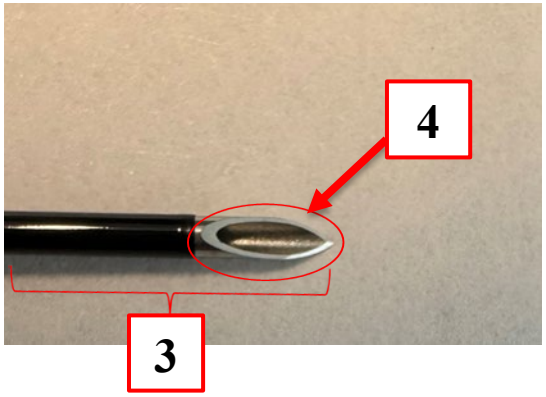
U.S. Patent No. 10,966,782	**Trident RF Insulated Cannula (Model DTR)**	
a radiofrequency neurotomy needle operable with the radiofrequency probe, the radiofrequency neurotomy needle comprising:	The DTR device has a needle [2] with the tip at the distal end configured for insertion into a patient. As described in the DTR IFU, the DTR "may be used . . . for radiofrequency lesioning," which is a radiofrequency neurotomy procedure, thus making the needle a radiofrequency neurotomy needle. (**Exhibit I** at p. 2).	
a conductive portion at a distal end of the radiofrequency neurotomy needle;	As shown, the distal end [3] of the needle of the DTR device has an uninsulated portion. The distal end [3] extends past the insulation to include internal elements. The conductive portion includes the uninsulated portion [4] of the DTR device's needle as well as the internal elements at the distal end [3].	

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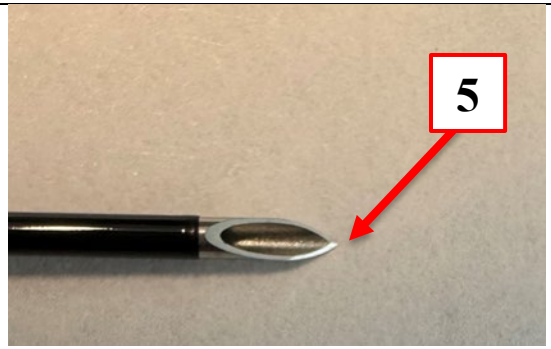
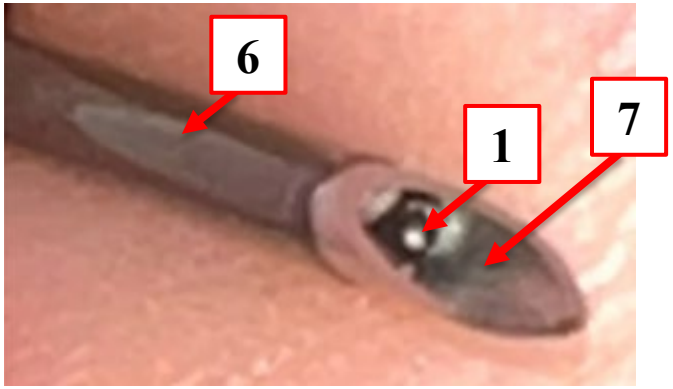
U.S. Patent No. 10,966,782	**Trident RF Insulated Cannula (Model DTR)**	
a tip configured to pierce tissue of a patient;	As shown, the DTRH device's needle has a tip [5]. The tip [5] is sharp and beveled and thus would be understood to be shaped for the purpose of piercing the tissue of a patient.	
an elongate member comprising a lumen configured to accept the radiofrequency probe therein such that the radiofrequency probe physically contacts and is electrically connected to the conductive portion, the tip being at a distal end of the elongate member;	As shown, the DTR device's needle has an elongate member [6], comprising an interior lumen [7]. As shown, the lumen [7] at the interior of the DTR device's elongate member [6] is configured to and does accept the RF probe [1] therein. As described in the DTR IFU, "Current from the RF generator is applied to the patient through the uninsulated portion of the lesion electrode." (**Exhibit I** at p. 3). Thus, it would be understood that physical contact occurs between the uninsulated exterior surface of the RF probe [1] and the	 

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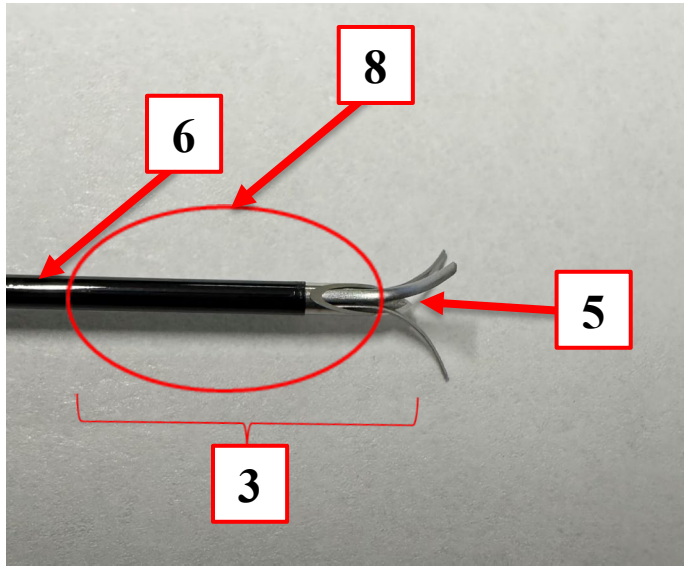
	uninsulated interior surface of the lumen [7] within the circle [8] of the third photo to the right, and that this physical contact thereby electrically connects the RF probe [1] to the conductive portion that includes the tip [5] at the distal end [3] of the elongate member [6].	 ** The second image above showing the RF probe [1] being accepted into the lumen [7] of the needle depicts the related DTRH device. Upon information and belief, the needle of the DTRH device is substantively the same as the needle of DTR when it is combined with the required RF probe and thus the same features are present in the needle of the DTR.*

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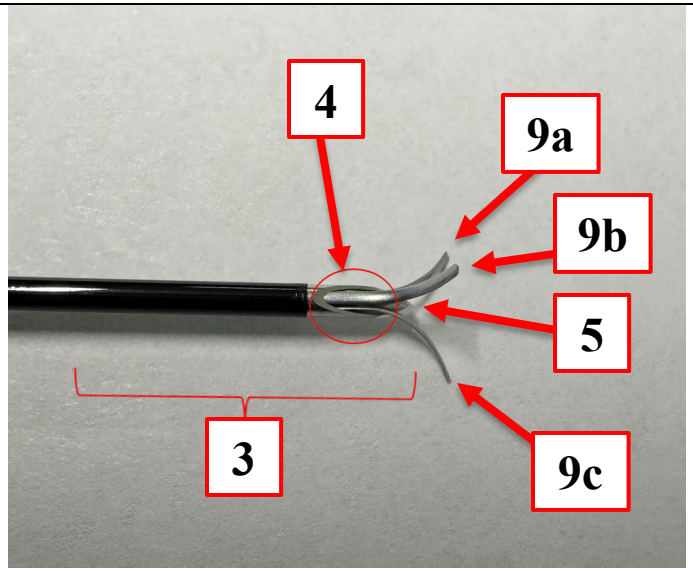
U.S. Patent No. 10,966,782	**Trident RF Insulated Cannula (Model DTR)**	
a filament electrically connected to the conductive portion and the tip due to physical contact of conductive materials at the distal end of the radiofrequency neurotomy needle such that the filament and the tip operate together as a single electrode,	As shown, the DTR device's needle comprises a filament, in fact it comprises three filaments [9a-c]. As shown, physical contact is made between the uninsulated exterior surface of the filaments [9a-c] and the uninsulated portion of the DTR device's needle within circle [4]. This physical contact thereby electrically connects the filaments [9a-c] to the conductive portion that includes the tip [4] at the distal end [3] of the DTR device's needle. Further, given that the filaments [9a-c] and the tip [5] are electrically connected via physical contact, they must operate together as a single electrode in a circuit.	

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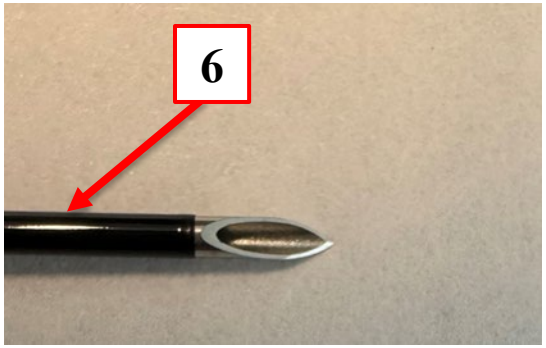
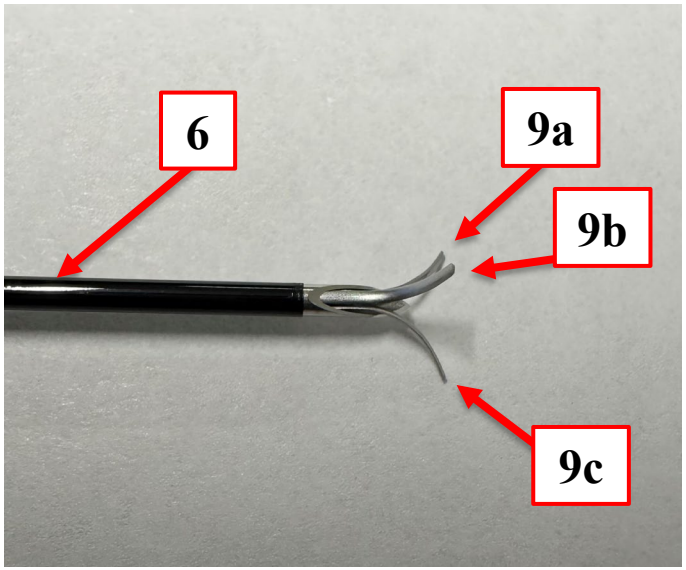
U.S. Patent No. 10,966,782	**Trident RF Insulated Cannula (Model DTR)**	
the filament being movable between a retracted position, in which the filament is at least partially in the elongate member, and a deployed position, in which at least a portion of the filament is out of the elongate member; and	As shown in the first image at right in which the DTR device is in the retracted position, i.e., with the filaments disposed within at least a portion of the elongate member [6]. As shown in the second image at right in which the DTR device is in the deployed position, i.e., with the filaments [9a-c] out of the elongate member [6]. As described in the DTR IFU, the "[c]annula hub/handle is equipped with a mechanism that allows deployment and retraction of 3 tines [i.e., filaments]." (**Exhibit I** at p. 1; *see also id.* at p. 4 (further describing deployment and retraction of filaments)).	 

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an actuator interconnected to the filament to move the filament between the retracted position and the deployed position,	The DTR device's needle has an actuator portion [10] as shown in the image at right in which the DTR device is in the retracted position. The actuator portion [10] is interconnected to the filaments such that rotating the actuator portion [10] imparts movement of the filaments between the retracted position and the deployed position. As described in the DTR IFU, the "[c]annula hub/handle is equipped with a mechanism that allows deployment and retraction of 3 tines [i.e., filaments]." (**Exhibit I** at p. 1; *see also id.* at p. 4 (further describing deployment and retraction of filaments)).	

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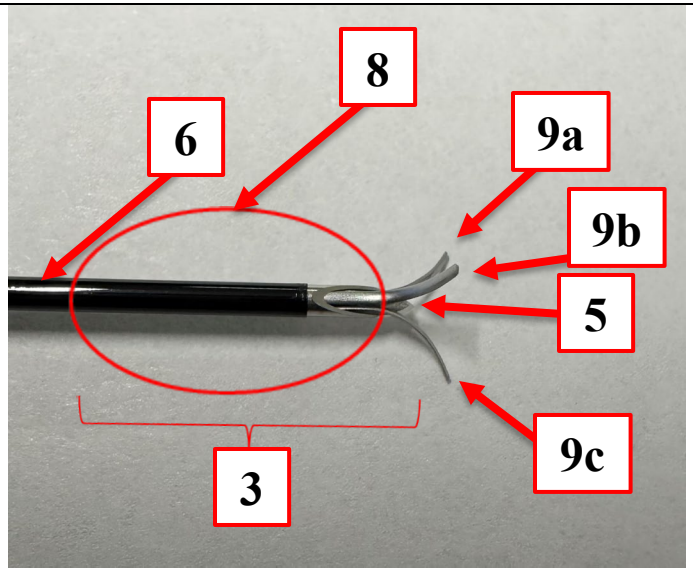
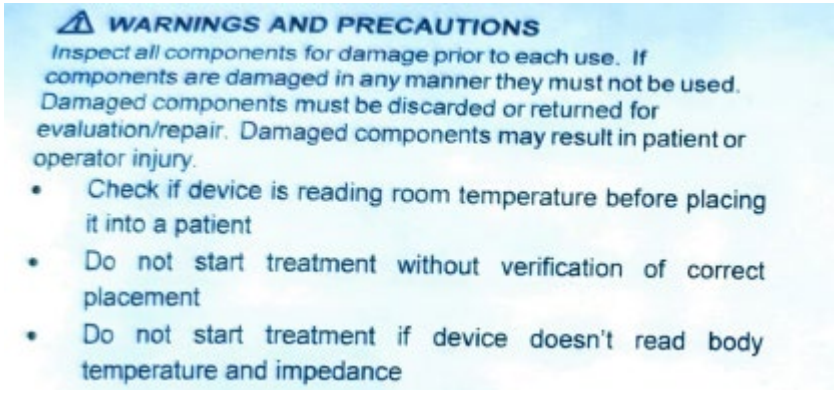
<table>
<tr><th>U.S. Patent No. 10,966,782</th><th colspan="2">Trident RF Insulated Cannula (Model DTR)</th></tr>
<tr><td>wherein the filament and the tip are configured to transmit radiofrequency energy from the radiofrequency probe and operate together as the single electrode in a monopolar mode when the filament is in the deployed position and the radiofrequency probe is accepted in the lumen and is in physical contact with the conductive portion at the distal end of the radiofrequency neurotomy needle.</td><td>As described in the DTR IFU, “Current from the RF generator is applied to the patient through the uninsulated portion of the lesion electrode.” (Exhibit I at p. 3). Thus, it would be understood that physical contact occurs between the uninsulated exterior surface of the RF probe [1] and the uninsulated interior surface of the lumen [7] within the circle [8] of the first photo to the right, and that this physical contact thereby electrically connects the RF probe [1] to the tip [5] and the filaments [9a-c]. The circle [8], representing the area where physical contact is made between the RF probe [1] and the conductive portion, is at the distal end [3]. Further, the RF probe, the tip, and the filaments are all electrically connected so they must operate together as a single electrode in a circuit.

As described in the DTR IFU, the RF generator must be set in the “monopolar mode of operation.” (Exhibit I at p. 6).</td><td> 



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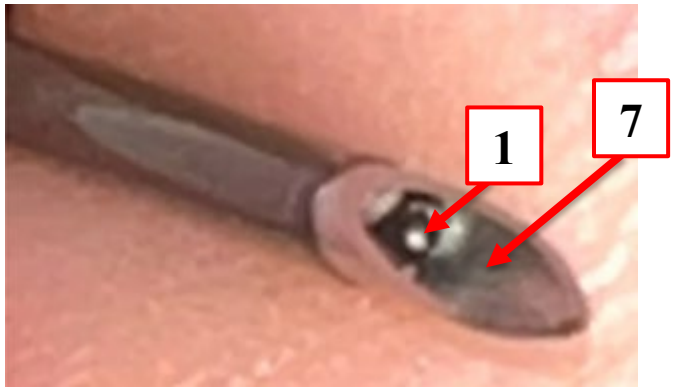
	As shown in the last image to the right, the RF probe [1] is accepted into the lumen [7].	• Application of RF energy may cause undesirable neuromuscular stimulation. • During power delivery, the patient should not be allowed to come in contact with ground metal surfaces. • Set RF generator in monopolar mode of operation.  ** The last image above showing the RF probe [1] being accepted into the lumen [7] of the needle depicts the related DTRH device. Upon information and belief, the needle of the DTRH device is substantively the same as the needle of DTR when it is combined with the required RF probe and thus the same features are present in the needle of the DTR.*